Virginia Department of Labor and Industry Labor & Employment Law Division

INSTRUCTIONS FOR COMPLETING "CLAIM FOR RETALIATION" FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached claim for retaliation for an unpaid wages /misclassification claim form must be fully completed, printed-out, signed and returned by mail in order for your claim to be investigated. Please fill in all areas completely. If necessary, use a separate sheet of paper to provide additional information or explanation. Send the original claim form and include copies of all documents which will support your claim. You must be able to prove that you were retaliated against for either filing an unpaid wages claim or for making a misclassification complaint. Incomplete forms will be returned, causing a delay in the investigation of your claim. If you have not filed a payment of wage claim with the Department of Labor and Industry or a lawsuit alleging the same, we cannot investigate your retaliation claim. Only **AFTER** you have been retaliated against should you file a claim with this office.

ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE MONETARY DAMAGES

Upon acceptance of your claim by the Virginia Department of Labor and Industry, do not assume that your claim is valid. Also, you must provide the company's complete name and mailing address along with the owner's or company representative's full name and address.

Please notify this office immediately in writing of any change in your address or telephone number.

How to Submit your form:

U.S. Postal mail only. Faxed forms cannot be accepted!

Please submit your completed claim form to the following address by U.S. Mail:

Division of Labor and Employment Law
Virginia Department of Labor and Industry
600 East Main Street, Ste. 207
Richmond, Virginia 23219.

Remember to sign the claim form and make sure to include the employer's full address.

Please include your email address for notices about your claim.

Form # Claim #	POWR-1	2020		
Official Use Only				



<u>Statement of Complaint</u> <u>Retaliation Form</u>

Personal Information					
Full Name					
First	M.I.	Last			
Street Address					
City	State	Zip			
Daytime Phone — Work Pho	one	Cell Phone			
Email Address					
			-		
Employer Information					
Business Name					
Business Street Address					
City	State	Zip			
Business Phone	Type of Business				
Owner's/Employer's Full Name					
Owner's/Employer's Street Address (If known.)				
City	State	Zip			
Address Where Work Performed (If different.)					
City	State	Zip			
Owner's/Employer's Phone					
Owner's/Employer's Email Address					

Employment Information				
Job Title				
Description of Job Duties				
Currently Employed?: Yes No Terminated or Resigned?				
Hire Date Termination Date Last Date Worked				
Work Schedule (If still employed.)				
Name of Supervisor Contact Number				
Claim Information				
What type of retaliation are you alleging? Payment of Wage Misclassification				
Did you file a Payment of Wage Claim with the Department or file a lawsuit for nonpayment of wage? Yes \Box No \Box				
Did you file a Misclassification Claim with any agency, file a lawsuit, or otherwise indicate an intention to file a complaint or lawsuit about your classification status to your employer? Yes No				
If yes to either of the above, what was the date(s) and disposition of the claim(s)?				
What actions have occurred at your employment causing you to make this claim? Circle <u>all</u> that apply.				
☐ Termination ☐ Suspension ☐ Demotion ☐ Change In Hours ☐ Change In Pay ☐ Disciplinary Action				
☐ Written Warning ☐ Threats ☐ Transfer ☐ Forced To Resign				
Other (Explain):				
Date of Action				
Name of Person(s) Delivering/Carrying Out Action				
Title(s)				
What reason did the employer give for the action?				
Are you alleging misclassification retaliation or payment of wage retaliation while working on a state public works project? Yes No				

Please provide a description of what happened (Please attach additional sheets if more room is necessary.)		
Were you provided any written not	ice of the changes? If so, please provide a co	opy <u>along with</u> your complaint form.
Department of Labor and Industry to release any necessary to enforce the provisions of Sections 4 supporting documents, to be released to the bus	on I have provided to the Department of Labor and Industry and all information contained in my complaint file, to invest 0.1-33.1 and 40.1-33.2, Code of Virginia. I further authorize iness I have named in this complaint. I understand that if I k tate member of the Department of Labor and Industry, I count	tigate my charges and to take any action it deems a photocopy of this complaint form, together with my nowingly make a false statement on this complaint form,
Signature	Date	